

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	02/12/2019 16:22
Date Of Accident	29/11/2019 17:20
Exact Location Of Accident	JURONG EAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6208Z
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Insured/Policyholder

Name Of Registered Owner	FIFTY YEAR TRADITIONAL BREAD (PTE LTD)
Co Reg No	201205359W
Email Address	CHENSIYU22@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97814279

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ19-000224
Cover Note Number	10/01/19 - 09/01/20

Driver

Name of Driver	SHI HONGSONG
NRIC No	G8877852P
Date Of Birth	23/05/1983
Occupation	OUTDOOR
Date Of Driving Pass	15/01/2013
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84321024
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	C/O 8A ADMIRALTY STREET #04-38 FOOD XCHANGE@ADMIRALTY
Postcode	757437
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

It was raining and I was moving slowly on the extreme right lane when suddenly I felt an impact from behind. I then realised vehicle B had tried to filter into my lane that caused the accident. Due to language barrier, both parties just exchange particulars and left the scene.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS3400K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	AZIZ BIN MOHD NASIR
NRIC/Passport Number	S7916396A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN


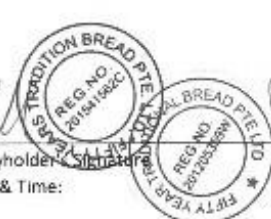
VEHICLE NO.: GBF 6208 Z
INSURER : EQ
DATE & TIME: 29/11/19 @ 17:20


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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time: 


Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: (45)
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

Jurong
East
Road

A: GBF 6208Z
B: SBS 3400K
Aziz Bin Mohd Nasir
S 7916396A




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


It was raining and I was moving slowly on the extreme right lane when suddenly I felt an impact from behind. I then realised vehicle B had tried to filter into my lane that caused the accident. Due to language barrier, both parties just exchange particulars and left the scene.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I/We declare that the foregoing particulars are true in every respect.

Policyholder's Signature: 
Date & Time: 
Driver's Signature: 
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.: (Ys)

GIARMC SketchPlanForm_V3 () Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

Driving License

中华人民共和国机动车驾驶证副页

152123198305232410

姓名 史红松 档案编号 231100519827

记录 请于每个记分周期结束后三十日接受审验。

无记分的，免予本次审验。



WORK PERMIT Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

Employee
FIFTY YEARS TRADITION BREAD PTE. LTD.



Name
SHI HONGSONG

Work Permit No.
079363096

Sector
MANUFACTURING



K1832147

中华人民共和国机动车驾驶证

Driving License of the People's Republic of China

证号 152123198305232410

姓名 史红松 性别 男 国籍 中国/CHN

住址 黑龙江省嫩江县长江乡长江村1组540号

黑龙江省黑河

出生日期 1983-05-23

市公安局交

初次领证日期 2013-01-15

通警察支队

准驾车型

B2

有效期限 2019-01-15 至 2029-01-15



VISIT PASS

Immigration Regulations

10-10-2019

Name
SHI HONGSONG

Fits
G8877852P

Date of Birth
23-05-1983

Nationality
CHINESE

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SGWorkPass App to check status



准驾车型代号规定

A1 大型客车和A3、B1、B2	C4 三轮汽车
A2 牵引车和B1、B2	C5 残疾人专用小型自动挡载客汽车
A3 城市公交车和C1	D 普通三轮摩托车和E
B1 中型客车和C1、M	F 普通二轮摩托车和F
B2 大型货车和C1、M	I 轻便摩托车
C1 小型汽车和C2、C3	H 轮式自行机械车
C2 小型自动挡汽车	K 无轨电车
C3 低速载货汽车和C4	P 有轨电车



* 2 3 2 0 0 1 7 4 8 0 5 0 1 *

公安机关交通管理部门以外，其他单位或个人一律不得扣留此证。

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE



SCENE



SCENE

